



# VITL Quarterly Update to Green Mountain Care Board

November 15, 2021



# Introduction

- VITL presents this quarterly update, including highlights of key projects and quarterly metrics, as required by the Annual Budget Guidance
- A narrative about the quarter's accomplishments and future focus areas is provided in memo form.
- Please note our financials will be presented separately as we are finalizing the FY21 audit this month

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# Collaborative Services

# Collaborative Services Project

The Collaborative Services project was initiated in 2019 to reduce technology redundancies, improve foundational technology of the Vermont Health Information Exchange, and enable new capabilities to support the Vermont healthcare system. The project is guided by the Health Information Exchange Steering Committee.

Through the project, VITL has implemented:

- New Master Patient Index, resulting in improved match rates for reference population from ~65% to >95%
- New Terminology Services engine, for translation and standardization of data, with 3,000 codes mapped to standards and over 6 million codes inserted into data this year
- Enhanced Interface Engine Platform, now a hosted platform for more robust disaster recovery capability

The team is currently focused on work with VITL's vendor, Medicasoft, on the transactional database and reporting database, and associated functionality. The following slides will provide an update on that work.

# MedicaSoft – Overall Project Update

## **Wave 1 – Complete April 30**

- ✓ Platform set up with priority data sets
- ✓ Blueprint extract delivered

## **Wave 2 – Live Sept 30, post-launch monitoring and issue resolution underway**

- ✓ Full clinical database live
- ✓ Provider Portal ready for pilot
- ✓ Ingestion of Medicaid claims data demonstrated

## **Wave 3 – Summer 2022**

- Provider Portal roll-out
- Patient Application Programming Interface (API) launch
- Interface migration
- OneCare Vermont reporting
- Results Delivery and Direct Messaging transition

## **Wave 4 – Late 2022 targets**

- Migration to FHIR R4 data exchange standard
- Reporting enhancements

# ● Wave 2 – Clinical Repository and Provider Portal

## **Accomplishments**

- System live on September 30!
- Real time messages flowing into system
- Provider portal live and configured for pilot project with clients
- System monitoring underway, issue resolution in progress for a few minor items

## **Next Steps**

- Complete issue resolution
- Load historic data once issues resolved
- Begin client portal pilot
- MedicaSoft continuing eHealth Exchange integration

# ●Wave 2– Claims

## **Accomplishments**

- Medicaid Claims file ingested into reporting database
- Report generated for DHVA linking Medicaid Claims and Clinical data at the patient level for a beneficiary
- Data dictionary completed
- Initial mapping of contributor data to the FHIR data exchange standard completed

## **Next Steps**

- Work with DVHA to define appropriate access to claims data to inform future reporting
- Transition claims to FHIR database
- Continue development of use cases with Health Information Exchange Steering Committee
- Implement enhanced reporting
- Continue conversations with private payers about participation



# ● Wave 3 – Platform Expansion & Reporting

- Planning for roll-out of provider portal
- Planning for enhanced reporting architecture
- Transition of interfaces from current platform
- Exploring options for improving Results Delivery and Direct Messaging (HISP) capabilities
- Continuing conversations about using the State's identity management infrastructure for APIs
- A draft data model was delivered to OneCare Vermont for transition to new reporting platform; conversations will continue

# Outcomes Based Certification (OBC)

# Transitioning to CMS Outcomes Based Certification

- For the past ~10 years, the State has used federal Health Information Technology for Economic and Clinical Health (HITECH) funding for Vermont Health Information Exchange development projects, with a 90/10 match of the State's Health Information Technology (HIT) fund investments
- With the September 2021 expiration of HITECH, the State is transitioning to different Centers for Medicare and Medicaid Services (CMS) sources to fund Vermont Health Information Exchange operations and development
- CMS has been evolving its program for certification of Medicaid Enterprise Systems to an outcomes-based focus, which looks at how a new technology is enhancing the Medicaid program to achieve its goals rather than paying for system implementation

# Transitioning Funding Models

- CMS is newly allowing health information exchange “modules” to be certified under the Outcomes Based Certification program, which provides an opportunity for the State to access new operations funding at an enhanced match rate (75/25)
- DVHA and VITL demonstrated the Vermont Health Information Exchange modules to the CMS team on November 10<sup>th</sup>, and are currently responding to questions that were shared as follow up to the demonstration
- Vermont is one of the first health information exchanges to undergo this process with CMS
- CMS is expected to provide a response within 60 days of their final questions being answered

# Outcomes Based Measures

Vermont proposed a set of measures that reflect how the Vermont Health Information Exchange supports the Medicaid population across three categories:

- Direct Care & Care Coordination
- Public Health
- Value Based Care

# Outcomes Based Measures

## **Proposed Direct Care / Care Coordination Outcomes**

1. Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by creating one health record for every Vermonter accessible to treating providers and care coordinators.
2. Enable longitudinal, population-based evaluation of Medicaid patients to optimize Medicaid services and care delivery.
3. Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by alerting providers to admissions, discharges, and transfers of their patients.
4. Improve Medicaid providers' ability to effectively treat and coordinate care for Medicaid beneficiaries by delivering laboratory, radiological, and transcribed reports through the VHIE.

# Outcomes Based Measures

## **Proposed Public Health Outcomes**

1. Enhance public health management of the Medicaid population (and general population) by automating capture and exchange of public health data through the VHIE system.
2. Support response to epidemic monitoring and emergency response by capturing and making available related data for the state's Public Health Authority.

## **Proposed Value Based Care Outcome**

1. Availability of the health information exchange (HIE) system to positively impact health policy priorities.

# Patient Consent for Data Sharing



# Supporting patient consent education

- VITL has continued providing consent education to participating organizations & offering tools for their use with patients
  - Our new website at [vitl.net](https://vitl.net) features an updated [consent education toolkit](#)
- VITL is in the process of planning direct-to-the-public education tactics, now slated to begin in early 2022. We will continuously assess the appropriate timing of this messaging relative to evolving COVID news.

# Security Update

# Continuous Security Enhancements

## Recently Completed

- Updates and maintenance to endpoint protection (e.g enhanced antivirus and malware protection)
- Updates and maintenance to application control (only pre-approved software can run on VITL machines)
- Continued automation of monthly operating system patches and updates
- Enhanced multi-factor authentication for critical internal infrastructure

## In Progress

- Extending application control coverage
- Reviewing and updating VITL security policies, procedures and Business Impact Analysis
- Planning and contracting for the CY 2022 Risk Assessment
- Conducting analysis to ensure performance and resiliency of the planned systems infrastructure migration to the cloud

## Future

- Implementation of device management platform to enhance device security
- Improvements to Internet security
- Planning and implementation of resilient cloud infrastructure and disaster recovery

Continuous analysis and update of technical configurations and security programs

# Strategic Planning & Business Model

# Strategic Planning

- In September, the VITL Board of Directors approved VITL's new strategic framework
- The framework includes an update to our Mission and Vision statements
- The plan's foundation is five strategic directions, which will guide VITL's work in the coming years
- The plan also includes a privacy and security commitment, to serve as the foundation of all of our work



**VISION:** To be a leader in collaboratively delivering actionable data that leads to better health

**MISSION:** To securely aggregate, standardize, and share the data needed to improve the effectiveness of health care for Vermonters

# Strategic Directions

<b>Focus on Our Customers</b>	The customer's experience is the focus of everything we deliver, including communications, products, services, and support. We are committed to understanding the needs of our internal and external customers. We achieve this understanding through proactive engagement, delivering on our commitments, and creating value for those we serve.
<b>Tell Our Story</b>	We actively share our story, illuminating the value of our work through dedicated communications efforts and in our everyday interactions with our customers and stakeholders. All team members tell our story, to ensure that VITL is understood as an essential component of the health care ecosystem that serves Vermonters.
<b>Be the Go-To Partner for Exchanging Vermont's Health Information</b>	VITL's health information exchange platform is the primary platform for the exchange, aggregation, and access of Vermonters' health data. Customers and stakeholders trust that VHIE data is accurate, reliable, and secure. VITL is building national recognition as a leading HIE.
<b>Build a Learning Organization</b>	We regularly engage our customers and stakeholders, our peers in other states, industry experts, and national collaboratives to learn and evolve. We foster a culture that encourages seeking out external knowledge and ideas, understanding customer needs, and applying what we learn to our work.
<b>Ensure Sustainability</b>	We develop and manage to a sustainable business model with a robust set of products and services, a broad customer base, and diverse revenue sources. We make decisions and investments with the intention that Vermonters will continue to benefit from health information exchange in the future.



**PRIVACY & SECURITY COMMITMENT:** The foundation of our work is the security of patient data and ensuring appropriate access to that data. This includes honoring patients' rights and preferences.

**In support of this commitment, VITL will:**

- ◆ Continuously review and update our security and recovery practices to ensure they align with best practices and mitigate the ever-changing threat landscape.
- ◆ Ensure transparency about how VHIE data is shared.
- ◆ Monitor and align to regulatory changes.
- ◆ Maintain agreements and controls to ensure appropriate sharing of data.

**VALUES:** Our values guide the work we do with our customers, partners, community, and colleagues.

**Mission Driven:** Supporting the improvement of the health of Vermonters is the foundation of all our work.

**Customer Centered:** We ask our clients about their needs and collaborate to design creative, meaningful solutions.

**Quality Focused:** We deliver accurate, reliable, and actionable data, solutions, and services.

**Team Inspired:** We challenge and support each other to do great work.



# Business Model

- New federal funding models are still evolving
- VITL aims to identify new revenue sources, diversify funding
- Consulting firm with deep health information exchange experience has been engaged, conversations with peers and clients are illuminating best practices and opportunities to provide value
- Conversations continue with AHS about what foundational health information exchange services they plan to support, and where VITL may have gaps in funding
- VITL will model new fee structures that include manageable investments by service users, designed to support VITL's sustainability so that we can continue to serve providers and their patients

# COVID Data

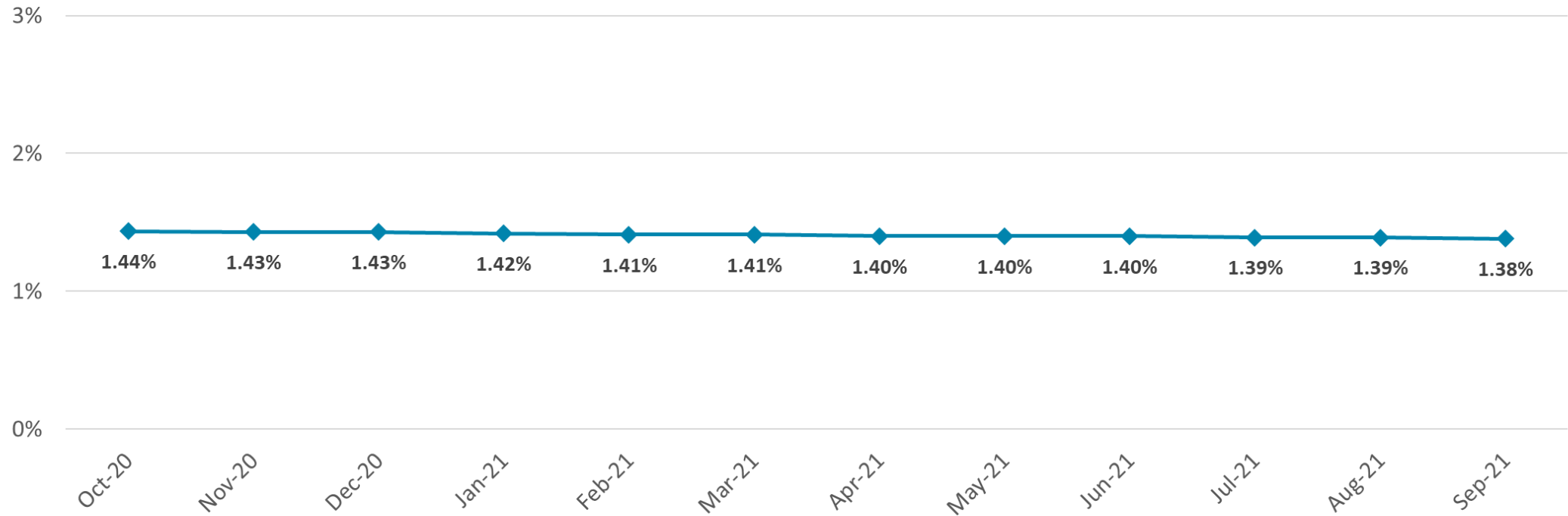
# COVID Data Support

Work with VDH to support State's pandemic response began in April 2020:

- Data access and reporting to minimize manual data collection burden for staff and health care professionals
  - Provider portal access for Epidemiology team for case reporting
  - Automated data for daily HHS reporting
  - Daily demographics for hospitalized patients
- Interfaces for testing and immunization data
  - 21 COVID Testing Labs
  - 133 Pharmacy Immunization sites (8 Pharmacy chains, Dept of Corrections and others)
- Provider portal roll out to EMS/EMT teams
- Working with VDH on plan to integrate the immunization registry with the Vermont Health Information Exchange

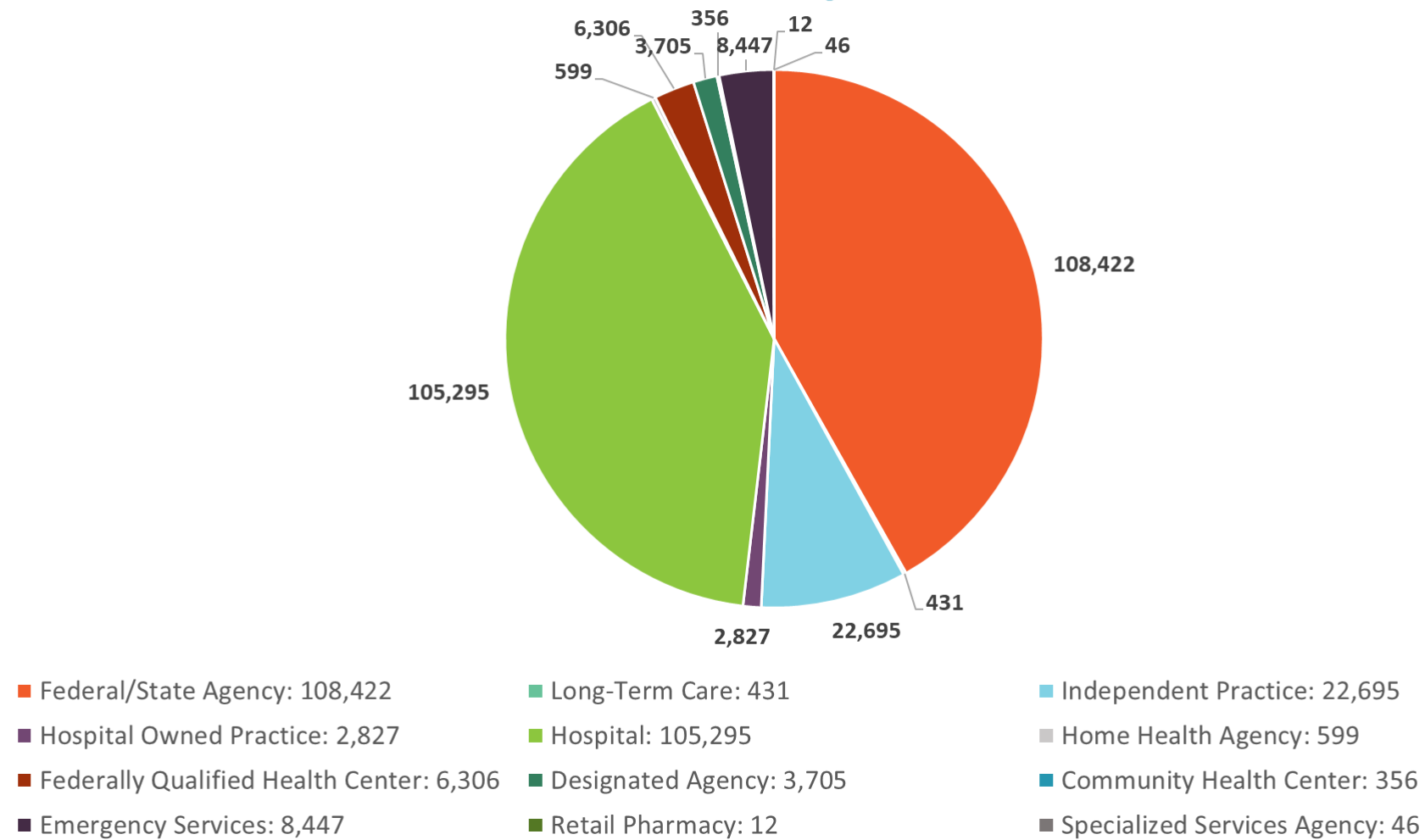
# Quarterly Metrics

## Percent of Vermont Patients Opted Out of the VHIE

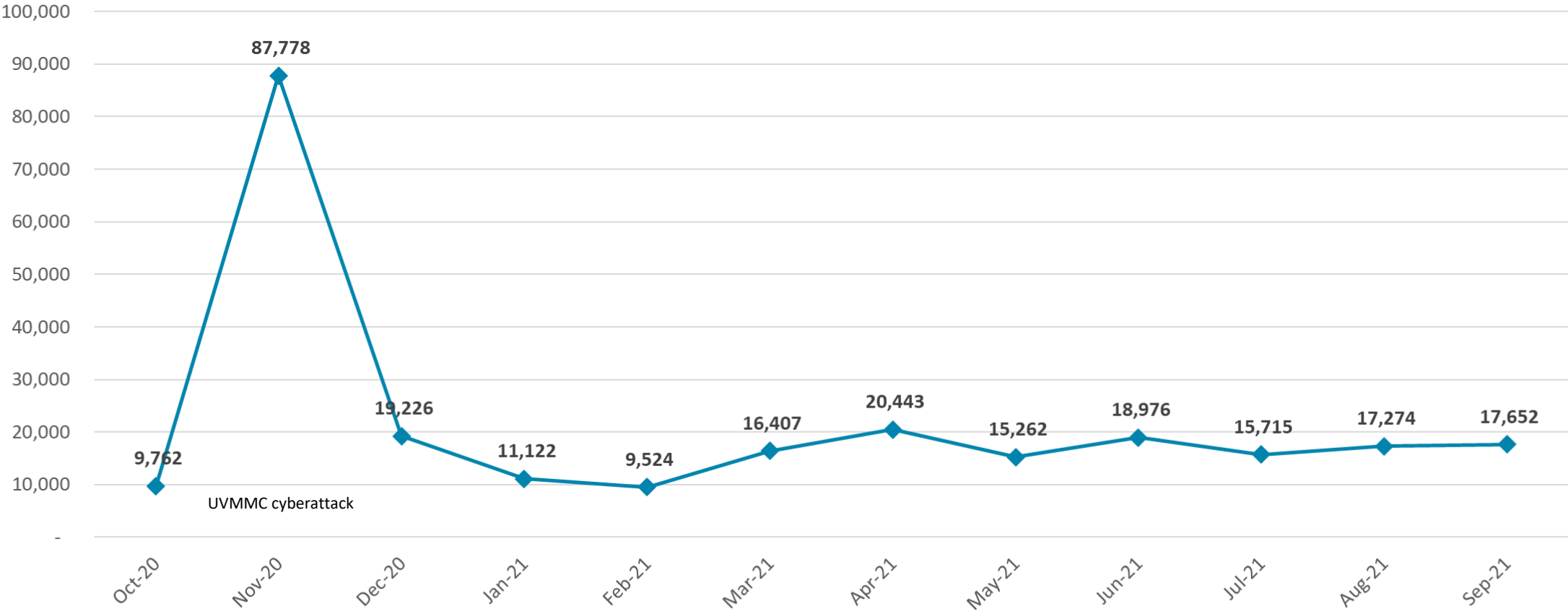


# VITL Access Queries by Organization Type

## October 2020 - September 2021

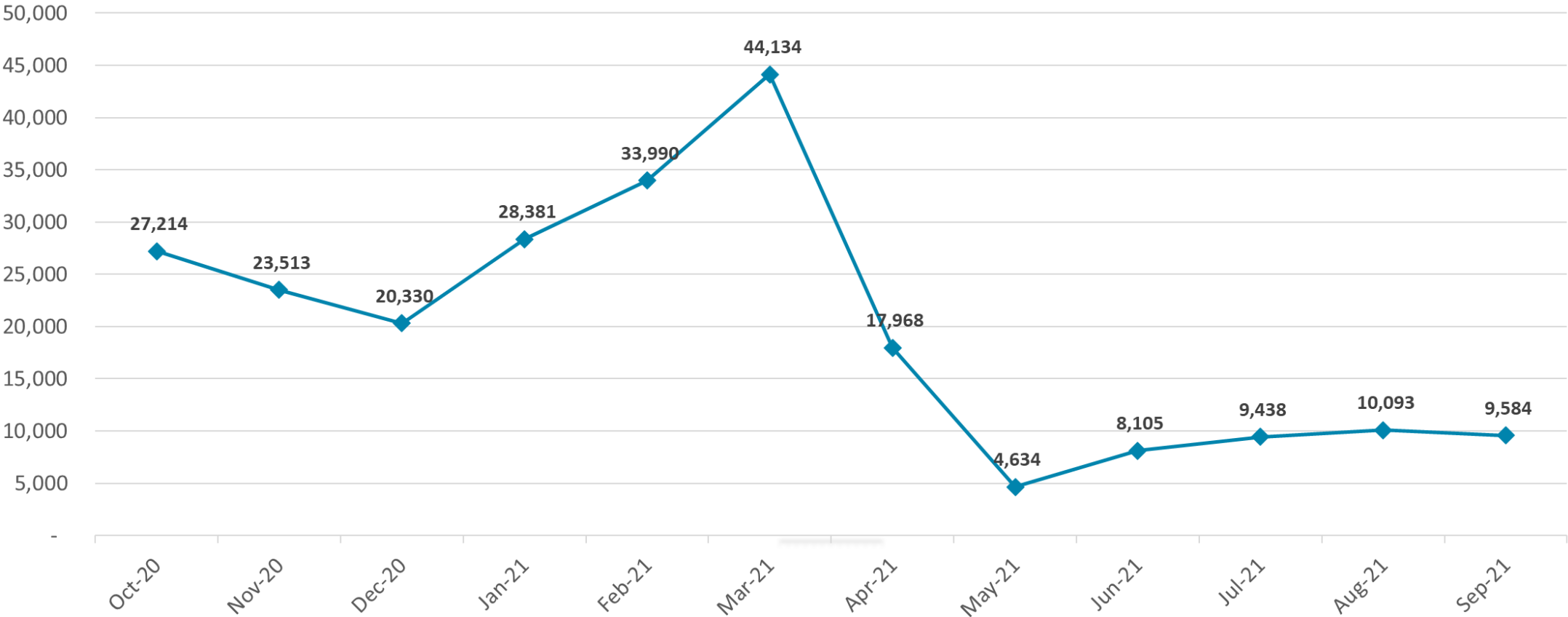


# VITL Access Queries by Month



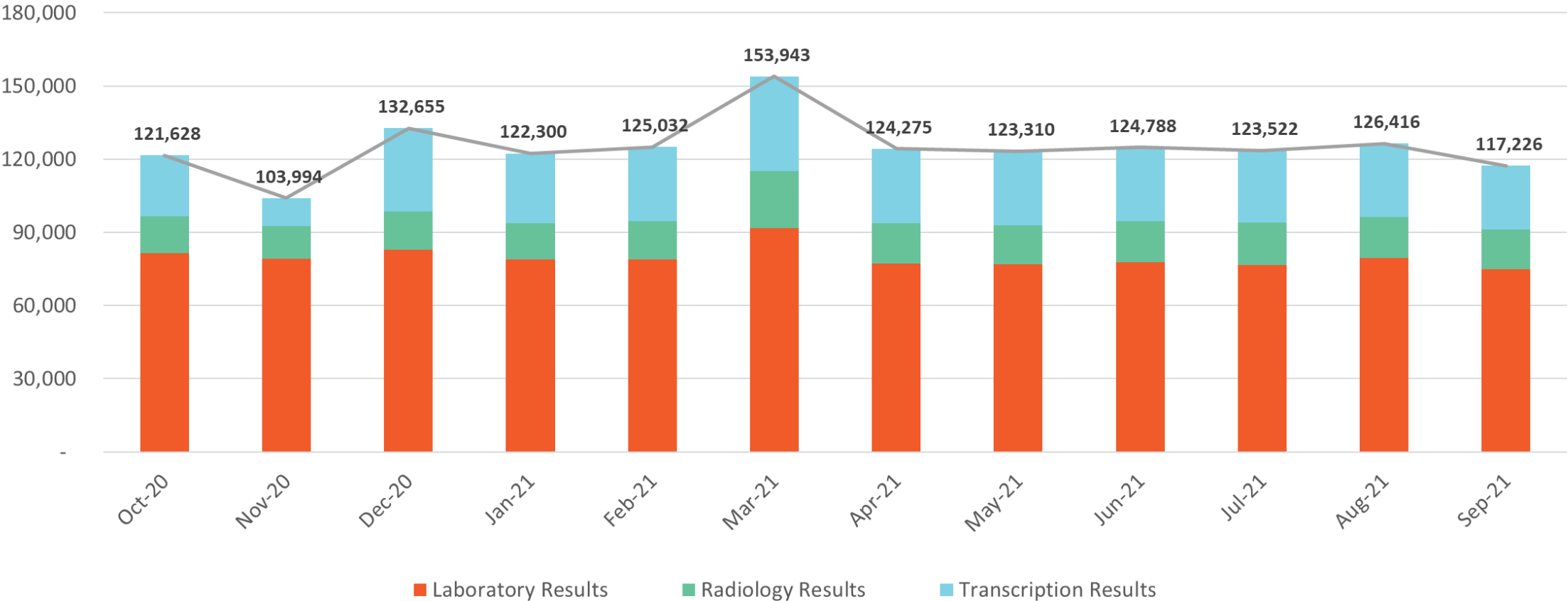
# Queries of the VHIE via eHealth Exchange

(University of Vermont Medical Center, Veterans Affairs, Department of Defense)





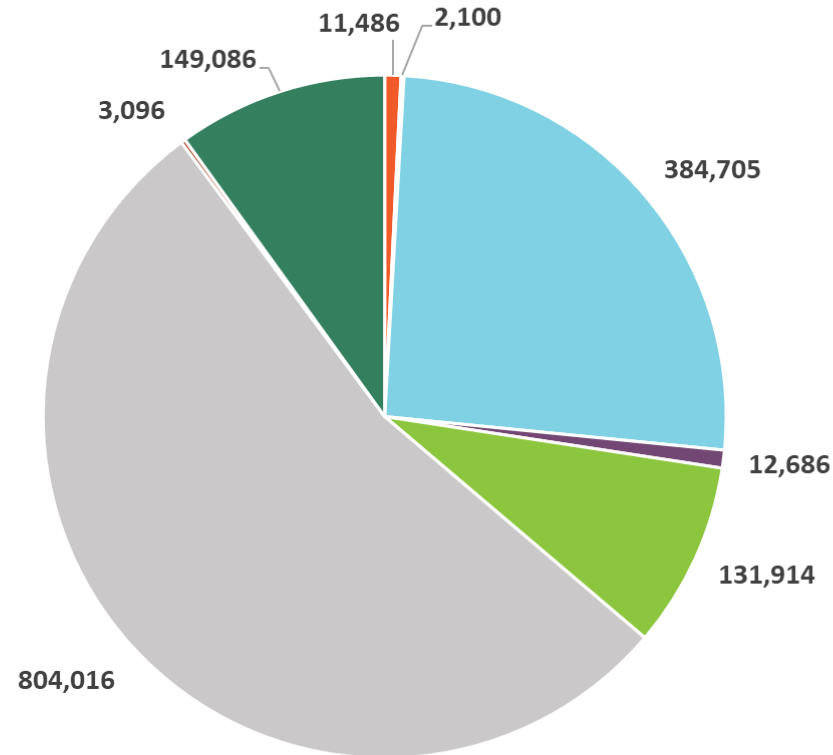
# Results Delivery by Result Type



Number of providers receiving results = 592

# Results Delivery by Organization Type

## October 2020 - September 2021



■ Federal/State Agency: 11,486  
■ Hospital Owned Practice: 12,686  
■ Designated Agency: 3,096

■ Long-Term Care: 2,100  
■ Hospital: 131,914  
■ Rural Health Center: 149,086

■ Independent Practice: 384,705  
■ Federally Qualified Health Center: 804,016

# Meaningful Use and Security Risk Assessment Consultation

